Exhibit A

Administrative Record

 $\S{a}(2)$

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CITY OF SAN LEANDRO

Community Development Department • Planning Services Division
835 East 14th Street • San Leandro, CA 94577 • (510) 577-3371 • Fax: (510) 577-6007

AGREEMENT FOR PAYMENT OF FEES FOR APPLICATION PROCESSING

Project Address/Name: 14(000 Catalina	st			
PI N		APN: 080 - G	-0933-02		
Applicant (owner lessee a	agent of owner other):	Buyer			
Applicant (□ owner □ lessee □ a Legal Name (□ individual ⋈ corp	oration joint venture	partnership): Fou	th Fellowship	hurch, So	in Lernidito #
Mailing Address: 527 Mg	war blud	Daytime	Phone: (510) 35	75722)
Mailing Address: 27 Mill	State: Cu. Zin: G4	570 Fax: ()		
City: San Loumano Email Address (optional): 1170	@ Foith Fellowshire	.US Cell Pho	one: (510) 173 (3568	
I (We) hereby agree to pay	- GIN LIAMS SIN		-direct costs (inclu	iding 205%	of employee
benefits and overhead) for trequested by the Community application for completeness applicantiproperty ownerland hearings. If applicable, I (we) in compliance with the Californian are due and payalt	y Development Director ss by all applicable C chitect, engineer, etc.; p also hereby agree to po rnia Environmental Qua	ity Departments; oreparation of sta ay all contract co- ality Act.	telephone or write fif reports; and attests for preparing an	ten commundance by senvironmer	inication with staff at public ntal document
maximum legal rate and the Ci	ty is entitled to recover its	s costs, including a	ttorney's fees, in colle	ecting unpaid	accounts.
If the City is unable to collect a amount due. Delinquent account	unts may result in a lien b	eing placed on the	property.		
Furthermore, I (we) hereby ago by the City or held to be the brought in any State or Federa	liability of the City in co	innection with the	City's detense of its	actions in a	any proceeding
Date: 5-18-06	Applicant's Sig	gnature:	File for tos	for Gary	morrarg
		/4 1			
Property Owner (if the applican	nt is not the owner):				
Legal Name (□ individual □ cor	poration ioint venture	partnership):			
Mailing Address:					
City:	State:	Zip:	Cell/Fax:		
Date:	Property Ov	wner's Signature: _			
Date Stamp Received/Paid	TO BE COI	MPLETED BY CIT	Y STAFF		
	Deposit:	Receipt	t#:	cc:	Finance
	Customer #	Dat	te:		Eng/Trans Fire
Staff Comments:					